

CERTIFICATE OF LIMITED LIABILITY PARTNERSHIP

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only

Filing Fee: \$60.00

Make Checks Payable To "Secretary of the State"

Please contact the Department of Revenue Services or your tax advisor as to any potential tax liability relating to your business.

1. NAME OF THE LIMITED LIABILITY PARTNERSHIP:

2. PRINCIPAL OFFICE ADDRESS OF THE LIMITED LIABILITY PARTNERSHIP:

3. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS:

(Complete only if principal office stated above is not located in Connecticut)

Name of agent:

Business address:

Residence address:

Acceptance of appointment

Signature of agent

4. BUSINESS IN WHICH THE LIMITED LIABILITY PARTNERSHIP ENGAGES:

5. OTHER PROVISIONS:

The partnership hereby applies for status as a registered limited liability partnership.

EXECUTION:

Dated this _____ day of _____, 20_____.

6.

7.

Name of person forming LLP/partner

Signature